

# Work Order ID 92001

October-19-12 12:48:07 PM

\*92001\*

Page 1

Item ID: 647.1612

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Splice Plate

Start Date: 19/10/2012 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-10-19 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                     |                      |         |        |              |               |               |                  |                |
| 647.1600                       | N/C                                     |                      |         |        |              |               |               |                  |                |
| 110                            |   | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |   |                      |         |        |              |               |               |                  |                |
| Waterjet                       | <b>Memo</b>                             | 0.00                 |         |        |              |               |               |                  |                |
| FLOW CNC Waterjet              | 1-Cut as per Dwg                        |                      |         |        |              |               |               |                  |                |
|                                | Dwg Rev: <u>ML</u>                      |                      |         |        |              |               |               |                  |                |
|                                | Prog Rev: <u>ML</u>                     |                      |         |        |              |               |               |                  |                |
| 2024.090                       | 2-Deburr if necessary                   |                      |         |        |              |               |               |                  |                |
| 120                            | QC2- Inspect parts off machine FAI/FAIB | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |   |                      |         |        |              |               |               |                  |                |
| QC                             | <b>Memo</b>                             | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |

(3)

B12-10-31

B12-10-31

(3)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Setup         |      |      |     |   |                   |                    |             |              |              |
| Other         |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

**FAULT CATEGORY**

|  |   |  |
|--|---|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions<br><br><input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |
|--|---|--|

# Work Order ID 92001

October-19-12 12:48:07 PM

\*92001\*

Page 2

Item ID: 647.1612

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Splice Plate

Start Date: 19/10/2012 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC8- Inspect parts - second check

0.00

\*130\*

QC

Memo

0.00

Quality Control

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

\*140\*

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O: 18304  
HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 3)

150

Receive & Inspect for Damage & Mat'l Certs

0.00

\*150\*

Packaging

Memo

0.00

Packaging

3

12-11-01

10-12/4/12 (3)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                      |   |                |              |  |  |   |  |
|--|------|------|---|---|----------------------|---|----------------|--------------|--|--|---|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |  |  |   |  |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector   |  |   |  |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |  |  |   |  |
| Operator <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Material <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Setup <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |  |  |   |  |
| Other <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |  |  |   |  |
| Process <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |  |  |   |  |
| Supplier <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Training <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                      |   |                |              |  |  |   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                      | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |

# Work Order ID 92001

October-19-12 12:48:07 PM

\*92001\*

Page 3

Item ID: 647.1612

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Splice Plate

Start Date: 19/10/2012 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

160 QC5- Inspect part completeness to step on W/O

0.00

\*160\*

QC

Memo

0.00

Quality Control

3

DAS  
05/12/11/07

170

0.00

\*170\*

SprayPaint

Memo

0.00

Spray Painting

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 3)

CARDINAL 4860-50 PRIMER BATCH: 122543

3

0

0

AL

12-11-9

180

QC14- Inspect Spray Paint

0.00

\*180\*

QC

Memo

0.00

Quality Control

3

DAS  
05/12/11/11

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                      |   |                |              |   |  |  |
|--|------|------|---|---|----------------------|---|----------------|--------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |   |  |  |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector  |  |  |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Operator <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Material <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Setup <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Other <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Process <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Supplier <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Training <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                      |   |                |              |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                      | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

# Work Order ID 92001

October-19-12 12:48:07 PM

\*92001\*

Page 4

Item ID: 647.1612

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Splice Plate

Stop \*NS2\*

Start Date: 19/10/2012 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

Identify as per dwg & Stock Location: 85-438 0.00

\*190\*

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV\*\*\*

32

SP  
12-11-12

200

QC21- Final Inspection - Work Order Release

0.00

\*200\*

QC

Memo

0.00

Quality Control

12/11/13

MF  
12-11-12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                      |   |                |              |              |  |  |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>  | Date | Step | Qty | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |   |                      |   |                |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |   |                      |   |                |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |   |                      |   |                |              |              |  |  |

| FAULT CATEGORY  |   |  |   |   |  |  |  |  |  |
|---|---|--|---|---|--|--|--|--|--|
| <b>Landing Gear</b>                                   |   |  | <b>General</b>                                |   |  |  |  |  |  |
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           | <input type="checkbox"/> Ovalized             | <input type="checkbox"/> Pressure/Forced    |  |  |  |  |  |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Temperature/Cure   |  |  |  |  |  |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           | <input type="checkbox"/> Part Incorrect       | <input type="checkbox"/> Weld               |  |  |  |  |  |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing    | <input type="checkbox"/> Wrong Stock Pulled |  |  |  |  |  |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     | <input type="checkbox"/> Part Moved           |   |  |  |  |  |  |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      | <input type="checkbox"/> Positioned Wrong     |   |  |  |  |  |  |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         | <input type="checkbox"/> Power Loss/Surge     | <input type="checkbox"/> Other              |  |  |  |  |  |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |   |   |  |  |  |  |  |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |   |   |  |  |  |  |  |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |   |   |  |  |  |  |  |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |   |   |  |  |  |  |  |



# Picklist Print

October-19-12 12:48:10 PM

Page 1

Work Order ID: 92001

\*92001\*

Parent Item: 647.1612

\*647 1612\*

Parent Item Name: Splice Plate

Start Date: 19/10/2012

Required Date: 02/11/2012

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M2024T3S.090                    |                        | Purchased     | No          |                     |                  | 110             | sf                 | 48.0000        | 0.0322      | 0.067789     |               |                |        |

\*M2024T3S 090\*

\*\*

B12-10-31

2024-T3 .090 sheet

Location

Loc Qty

Loc Code

MAT022

48

123287

48

123287

(3)

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

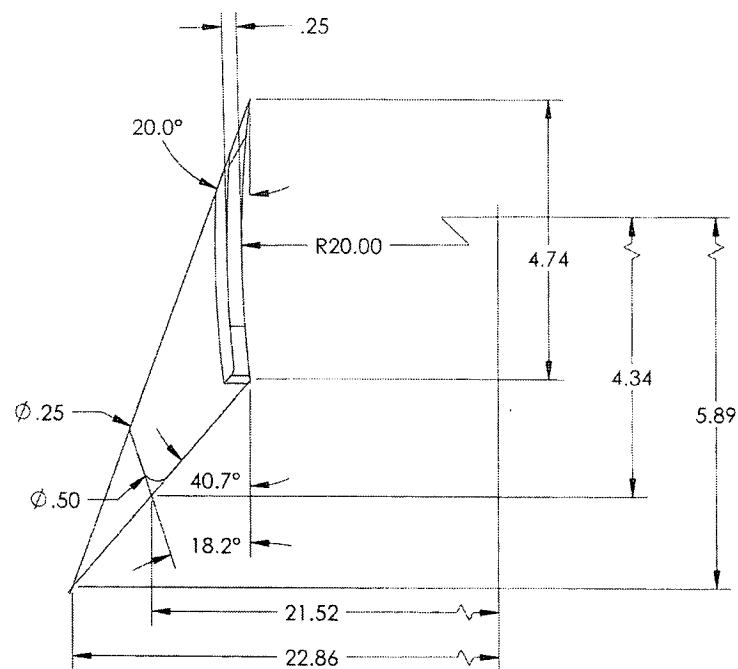
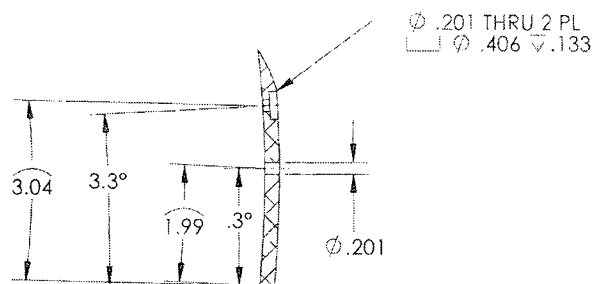
| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |   |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |   |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|   |   |   |  |   |
|---|---|---|--|---|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |
|---|---|---|--|---|



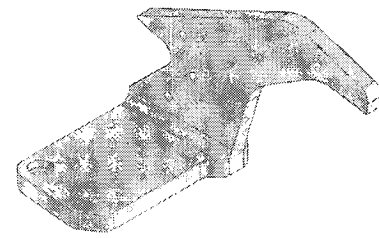
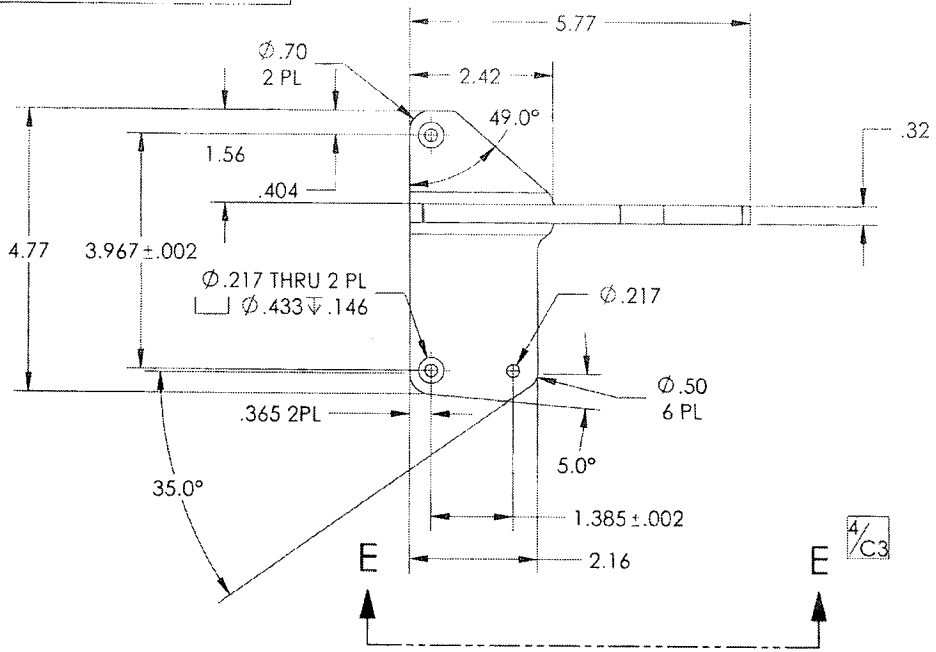
92001



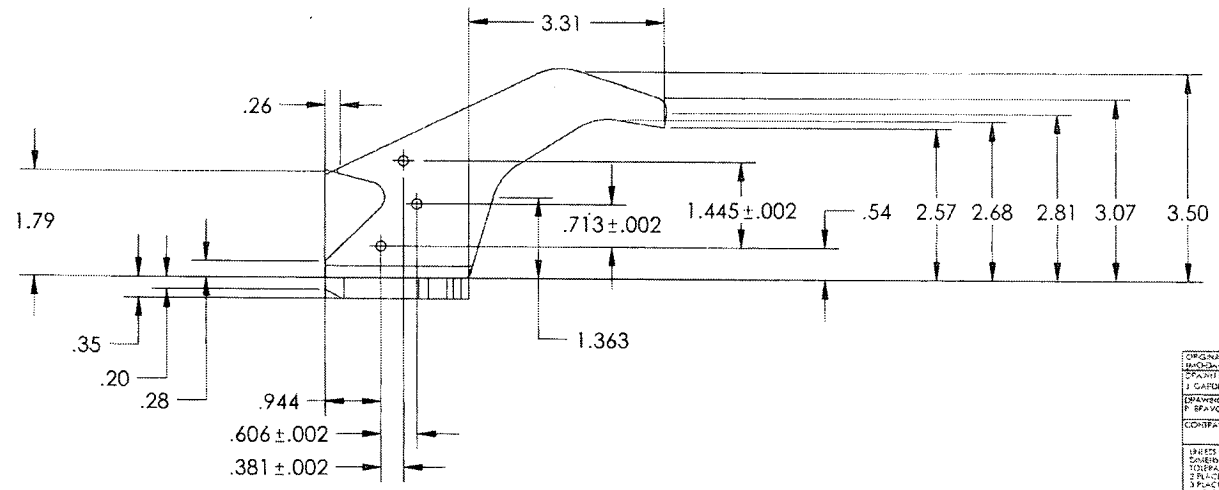
|   |  |   |  |
|---|--|---|--|
| ORIGINAL DATE<br>REC'D BY<br>DATE<br>CHANGED BY<br>DRAWING APPROVAL<br>COMMENTS   |  | <b>APICAL INDUSTRIES</b><br>2608 TEMPLE HEIGHTS DR.<br>GCEANES, CA. 92056-3512 (760) 724-5300 |  |
| WIPER DEFLECTOR ASSY  |  |   |  |
| MATERIALS QUANTITIES SPECIFIED<br>IN THIS DRAWING ARE APPROXIMATE<br>QUANTITIES<br>1 PLATE (C101A2) ± 0.05<br>2 PLATE (C101A2) ± 0.05<br>2 PLATE (C101A2) ± 0.05<br>2 PLATE (C101A2) ± 0.05 |  | LOT # CASE CODE DWG NO. REV<br>B 071A2 647.1600 N/C<br>SCALE: NONE SHEET 2 OF 6               |  |

92001

ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES. DIMENSIONS ARE SHOWN TO THE CENTER UNLESS OTHERWISE SPECIFIED. DIMENSIONS ARE SHOWN TO THE CENTER UNLESS OTHERWISE SPECIFIED. DIMENSIONS ARE SHOWN TO THE CENTER UNLESS OTHERWISE SPECIFIED.

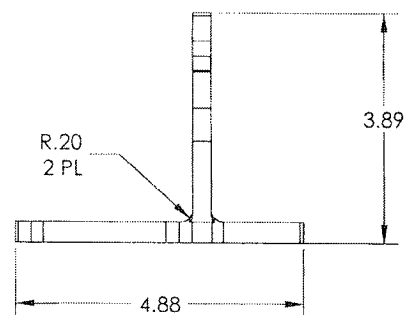


647.1611



|   |  |   |            |
|---|--|---|------------|
| ORIGINAL DATE<br>10/10/09   |  | APICAL INDUSTRIES   |            |
| DESIGNED BY<br>J. GARDNER   |  | 2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE, CA. 92056-3512 (760) 724-5300 |            |
| CHECKED BY<br>P. BRAYO  |  | WIPER DEFLECTOR ASSY  |            |
| DRAWING APPROVAL<br>P. BRAYO  |  | SCALE: NONE   |            |
| UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE TO CENTER<br>TOLERANCES ARE:<br>2 PL - DECIMALS $\pm .01$<br>3 PL - DECIMALS $\pm .005$<br>ANGLES $\pm .5^\circ$ |  | SHEET 3 OF 3  | REV<br>N/C |

92001

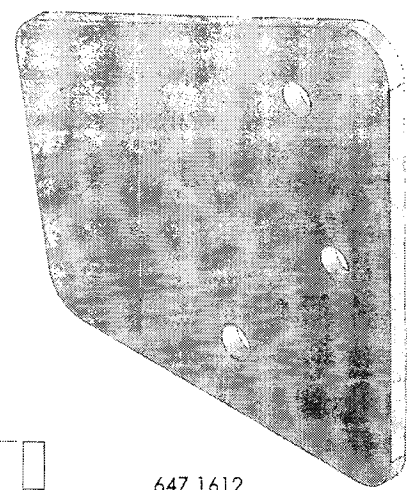
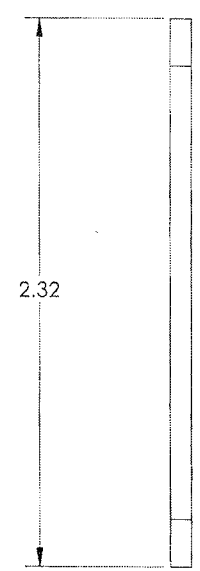
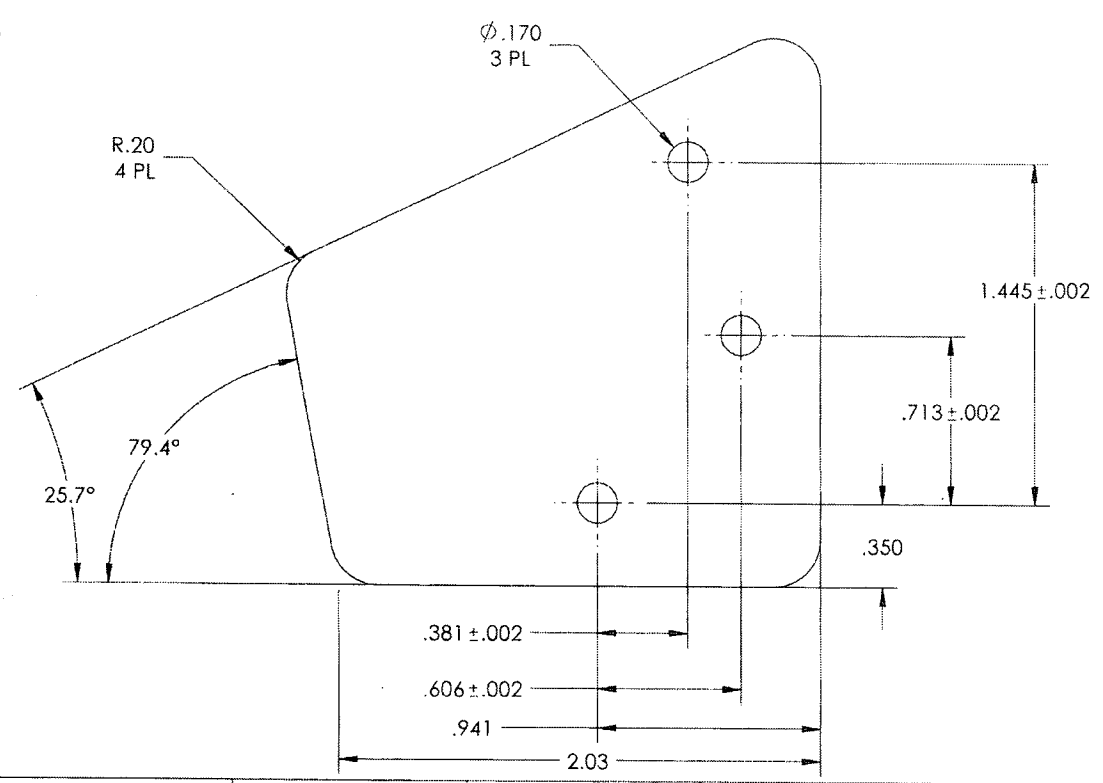
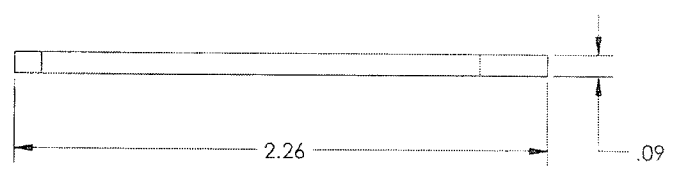


|  |  |           |              |           |     |   |       |          |     |             |  |  |              |
|--|--|-----------|--------------|-----------|-----|---|-------|----------|-----|-------------|--|--|--------------|
| 13P SERIAL DATE<br>13C-24 11/29 11/29<br>13A CARRIER NUMBER<br>2 CARRIER P 018V00<br>13B DRAWING APPROVAL<br>P 018V00<br>13C CONTRACT NO.  | <b>APICAL INDUSTRIES</b><br>2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE, CA. 92056-3512 (760) 724-5300  |           |              |           |     |   |       |          |     |             |  |  |              |
| 13D LINES, COMPONENTS SPECIFIED<br>13E QUANTITIES, AS NOTED IN NOTES<br>13F DIMENSIONS, AS NOTED IN NOTES<br>2 PLACES DECIMALS + 01<br>13G TOLERANCES, AS NOTED IN<br>13H ATTACHED | <b>WIPER DEFLECTOR ASSY</b><br><table><tr><td>SIZE</td><td>FACE CODE</td><td>INVO. NO.</td><td>REV</td></tr><tr><td>B</td><td>07AL6</td><td>647.1600</td><td>N/C</td></tr><tr><td colspan="3">SCALE: NONE</td><td>SHEET 4 OF 6</td></tr></table> | SIZE      | FACE CODE    | INVO. NO. | REV | B | 07AL6 | 647.1600 | N/C | SCALE: NONE |  |  | SHEET 4 OF 6 |
| SIZE   | FACE CODE  | INVO. NO. | REV          |           |     |   |       |          |     |             |  |  |              |
| B  | 07AL6  | 647.1600  | N/C          |           |     |   |       |          |     |             |  |  |              |
| SCALE: NONE  |  |           | SHEET 4 OF 6 |           |     |   |       |          |     |             |  |  |              |

92001

ALL DIMENSIONS SHOWN ARE IN INCHES UNLESS OTHERWISE SPECIFIED  
 DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED  
 TOLERANCES ARE AS SHOWN UNLESS OTHERWISE SPECIFIED

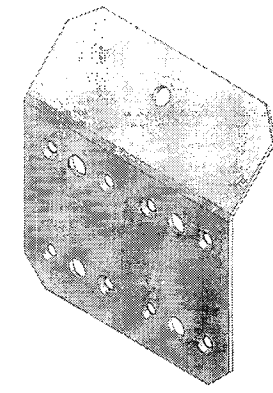
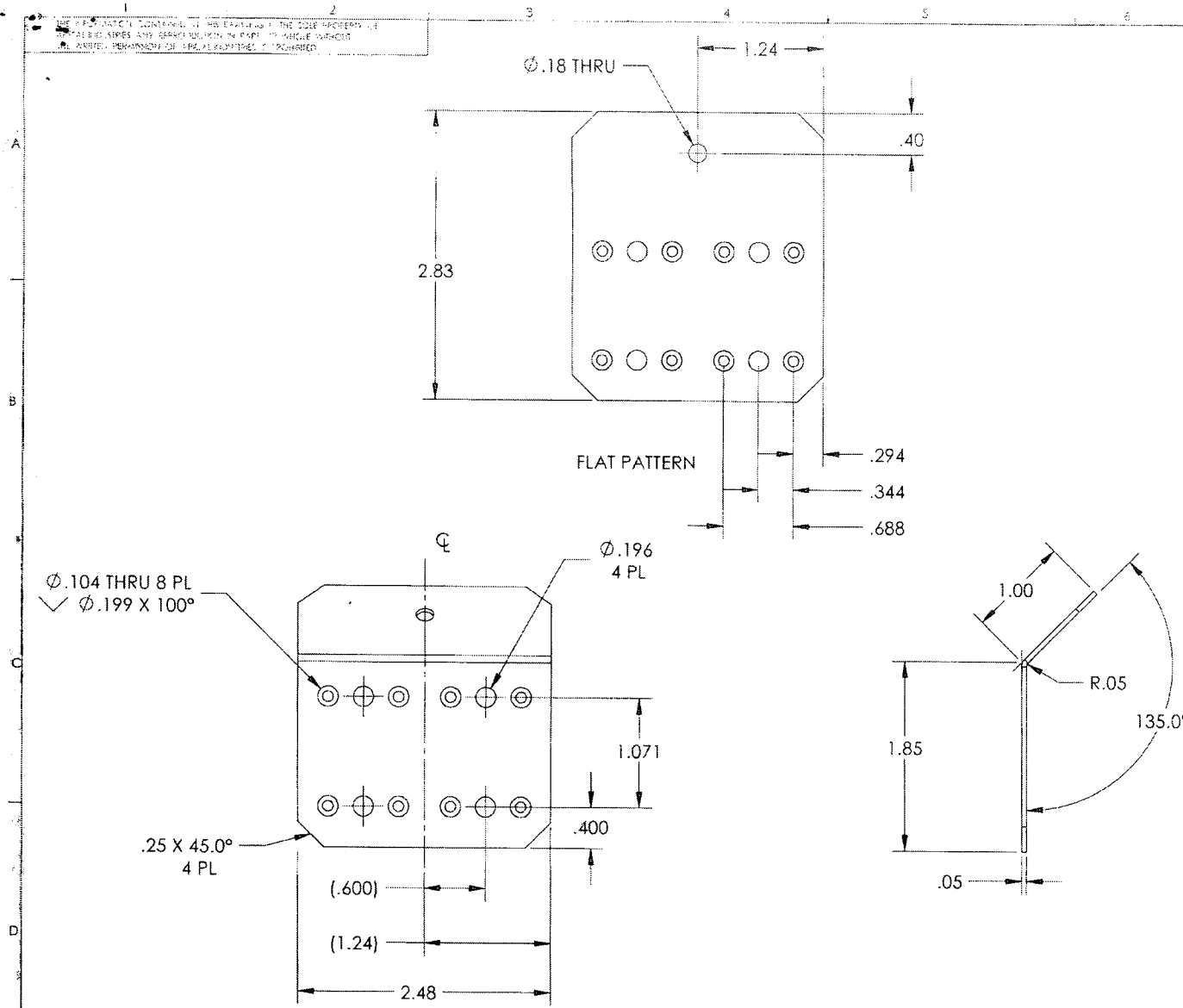
A  
B  
C  
D



647.1612

|  |  |  |              |
|--|--|--|--------------|
| ORIGINAL DATE 06-15-00   |  | APICAL INDUSTRIES                        |              |
| DRAWN BY: J. BAKER   |  | 2608 TEMPLE HEIGHTS DR.                  |              |
| CHECKED BY: P. BAKER   |  | OCEANSIDE, CA. 92056-3512 (760) 724-5300 |              |
| DRAWING APPROVAL: J. BAKER   |  | WIPER DEFLECTOR ASSY                     |              |
| CONTRACT NO.   |  | 647.1600                                 |              |
| UNLESS OTHERWISE SPECIFIED, DIMENSIONS ARE IN INCHES. TOLERANCES ARE AS SHOWN UNLESS OTHERWISE SPECIFIED. DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED. |  | SCALE: NONE                              | SHEET 3 OF 6 |

THE FOLLOWING CONTAINS THE RESULTS OF THE SOLE PROCEEDING OF  
APPEALING SHIPS AND CARRIAGES IN CASE OF WHICH THE  
APPEALING SHIPS AND CARRIAGES ARE PROCEEDING



647.1613

|   |  |  |  |
|---|--|--|--|
| ORIGINAL DATE<br>(MM/DD/YY)    CM-ID-00   |  | <b>APICAL INDUSTRIES</b><br>2608 TEMPLE HEIGHTS DR<br>OCEANSIDE, CA. 92056-3512    (760) 724-5300      |  |
| DRAWN BY    P-00000<br>1 - CUSTOMER    1 - REVISE   |  |  |  |
| DRAWING APPROVAL<br>P-00000   |  |  |  |
| COMMENTS:   |  | <b>WIPER DEFLECTOR ASSY</b>  |  |
| THIS DRAWING SPECIES<br>DIMENSIONS ARE IN INCHES<br>TOLERANCES ARE:<br>1. PLACES DIMENSIONED 101<br>2. PLACES DIMENSIONED 1.005<br>3. UNLESS NOTED<br>4. UNLESS NOTED |  | SEE LARGE CATALOG NO. <b>647.1600</b> REV. <b>N/C</b><br>SCALE: <b>NONE</b> SHEET <b>6</b> OF <b>6</b> |  |







A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

## Pack List

Number: 62027

Date: 05-Nov-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms                      |   | Ship Via |  |
|----------------------------|---|----------|--|
| Quantity                   | Description   |          |  |
| 1<br>lot                   | Part: ASST<br>10 PCS 646.9813<br>10 PCS 646.9811<br>10 PCS 646.9812<br>10 PCS 646.9812<br>2 PCS 646.9811<br>15 PCS 646.4711<br>15 PCS 647.4716<br>15 PCS 647.4712<br>15 PCS 647.4717<br>15 PCS 647.4714<br>15 PCS 647.4715<br>15 PCS 647.4718<br>HARD ANODIZE BLACK<br>MIL-A-8625 TYPE III CLASS 2<br>Job: 20120674 | Rev:     | PO: PO18153<br>Line: <i>2012/11/17</i> |
| 1<br>lot                   | Part: ASST<br>7 PCS 647.1810<br>14 PCS 647.1811<br>91 PCS 647.1812<br>2 PCS 647.1612<br>HARD ANODIZE BLACK<br>MIL-A-8625 TYPE III CLASS 2<br>Job: 20120673  | Rev:     | PO: PO18304<br>Line:                   |
| Certificate of Conformance |   |          |  |



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada

Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62027

Date: 05-Nov-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
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Ship To


DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms    |   | Ship Via |
|----------|---|----------|
| Quantity | Description   |          |
|          | <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED<br/>ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>5/12/12</u></p> <p>CERTIFIED SIGNATURE: <u></u></p> <p>RECEIVER SIGNATURE: _____</p> |          |